



Coast to Coast Draft Horse Connection

Adoption Application

A 501(c)3 Non Profit Horse Rescue Organization
4770 Green Road, Howell, MI 48855

C2cdhcapps@gmail.com | Ph: 810.553.9222 | Fax: 313.202.8311 | www.c2cdhc.org

The Horse's Welfare is our Foremost Concern - C2CDHC Reserves the Right to Refuse Adoption to Anyone

Applicant Information (all information provided will be kept confidential)

Full Name:				Date:	
Physical Address:					
City:		State:		Zip:	
Mailing Address:					
City:		State:		Zip:	
Home Phone:		Work Phone:		Cell/Pager:	
Email:		Alternate Email:			

Are you over 21 years of age? Yes No If under 21 please list your age:

*** Potential adopters 18 or older who have not yet attained the age of 21 will not necessarily be denied adoption. We do not adopt to anyone under the age of 18.*

References

Veterinarian's Name:	<input type="text"/>	Phone #:	<input type="text"/>	Email:	<input type="text"/>
Farrier's Name:	<input type="text"/>	Phone #:	<input type="text"/>	Email:	<input type="text"/>
Personal Reference Name:	<input type="text"/>	Phone #:	<input type="text"/>	Email:	<input type="text"/>
Personal Reference Name:	<input type="text"/>	Phone #:	<input type="text"/>	Email:	<input type="text"/>

Horse Information

Are you applying for a specific horse? Yes No Horse's name:

If no, describe the breed or type of horse and particular skills you're looking for:

If the horse you are applying for is not available or won't meet your needs, will you consider a different horse? Yes No

What is the intended use for this horse? (mark all that apply)

<input type="checkbox"/> Pleasure Riding	<input type="checkbox"/> Trail Riding	<input type="checkbox"/> Lesson Program	<input type="checkbox"/> Police Force	<input type="checkbox"/> Fox Hunting
<input type="checkbox"/> Racing	<input type="checkbox"/> Steeplechase	<input type="checkbox"/> Timber Racing	<input type="checkbox"/> Eventing	<input type="checkbox"/> Showing
<input type="checkbox"/> Hunter/Jumper	<input type="checkbox"/> Dressage	<input type="checkbox"/> Western Pleasure	<input type="checkbox"/> Barrels	<input type="checkbox"/> Roping
<input type="checkbox"/> Team Penning	<input type="checkbox"/> Gaming	<input type="checkbox"/> Pony Club	<input type="checkbox"/> 4-H	<input type="checkbox"/> Farm Work
<input type="checkbox"/> Pleasure Driving	<input type="checkbox"/> Carriage Driving	<input type="checkbox"/> Logging	<input type="checkbox"/> Therapy Horse	<input type="checkbox"/> Companion
<input type="checkbox"/> Other (please describe): <input type="text"/>				

Will you accept a horse with a limitation, but one still suitable for the intended purpose? Yes No

Are you willing to adopt a horse that may have limitations on its use? Yes No

Horse Ownership Information

Have you owned a horse before? Yes No What kind?

If yes, Where is that horse now?

Do you own any animals other than horses? Yes No What kind?

Who will be responsible for the care / feeding / training of this horse?

Who will be the primary handler / rider?

What practice(s) do you employ when correcting negative behaviors?

Will you be working with a trainer for this horse? Yes No



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Trainer's Name: Phone #: Email:

What do you consider your level of expertise in caring/working with horses?

- Beginner: New around horses, comfortable riding at a walk, limited – no horse care knowledge
- Advanced Beginner: Comfortable at walk and trot, limited knowledge, but can recognize signs of illness
- Intermediate: Comfortable at all gaits, can handle horses that test rider, able to treat minor wounds
- Experienced: Comfortable handling difficult horses in various environments / situations
- Very Experienced: Previous experience training horses and / or in handling green horses

Are you financially prepared to provide proper veterinary, farrier, emergency care, etc.? Yes No

Have you or any member of your family / household been accused, issued a warning / citation, or been convicted of any crime including animal cruelty, negligent care of animals or other humane violations? Yes No

If yes, please explain:

Have you ever sold a horse at auction? Yes No

If yes, please explain:

Stabling Information

Will horse be kept at physical address listed on page 1? Yes No If no, fill in stable address:

Stable Address:

City: State: Zip:

Stable facility is a: Private Home Boarding Facility Other - Please Describe:

Boarding Facility Manager's Name: Phone #: Email:

Please describe what conditions the horse will be stabled in and what shelter will be provided:

- Barn Stall Run-in Shed Stall with Run Pasture Paddock

What are the turnout arrangements if the horse is not pastured?

In submitting this form you agree to / understand the following:

- o **You agree to:** provide proper care and ongoing maintenance of the horse, to include, but not limited to year round shelter, free access to clean water, proper feed, inoculations, dental care, hoof care and deworming. You are also responsible for providing veterinary care above and beyond in the event of illness, injury or accident.
- o **You agree to:** ALL of these conditions prior to the adoption becoming final, and your signature, below, is proof of such agreement.
- o **You may not:** breed, sell, give away, assign, dispose or transfer this horse. If an adopted horse is found to have been sold, given away, assign, disposed or transferred, we will prosecute to the fullest extent of the law for breach of contract.
- o If for any reason you are unable to care for and need to return said horse, it must be returned directly to **C2CDHC**. No refunds will be given for either the Adoption Fee or any expenses incurred since adoption, and you are responsible for returning the horse at your expense.
- o **C2CDHC** retains the right to unilaterally seize the horse upon our determination that said horse is not being properly cared for, including neglect, physical abuse or mental abuse. If an adopted horse is found to been abused or neglected, we will prosecute to the fullest extent of the law following our recovery of the animal.
- o **C2CDHC** reserves the right to conduct unannounced site inspections to check on the condition of the horse and the stable.
- o **By signing below,** I certify that the information on the application is true and correct to the best of my knowledge. I give Coast to Coast Draft Horse Connection (**C2CDHC**), its officers and agents' permission to verify all the information contained herein.

Signature: _____ Date: _____